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May 19, 2003

**TO:** Each Supervisor

**FROM:** Thomas L. Garthwaite, MD  
Director and Chief Medical Officer

Jonathan E. Fielding, MD, MPH  
Director of Public Health and Health Officer

**SUBJECT: UPDATE ON MRSA**

On February 11, 2003, your Board asked that the Department of Health Services provide an update on the methicillin resistant *Staphylococcus aureus* (MRSA) and syphilis outbreaks, including information on MRSA at all newborn facilities and the County Jail's Intake Center. This is an update to the last report of April 15, 2003.

**Update on MRSA in the Los Angeles County Jail**

There were 133 infections in the Los Angeles County Jail in March 2003 (updating the number 125 provided in our last report). The preliminary number of new cases of MRSA infection is 105 for April. In the short term, the number of infections is not a good marker for progress in controlling MRSA in the jail. Given the complexity of the outbreak, we do not expect the number of infections to decrease immediately, as interventions and policies for controlling MRSA are being implemented. Adherence to Public Health's recommendations may actually increase the number of reported infections temporarily. For example, the increase in March may have been due to increased surveillance resulting from Public Health's training for the jail's medical staff in early March. The training encouraged increased culturing of wounds.

New policies recommended for implementation at the jail involve identifying inmates with skin infections on admission and encouraging inmates to seek medical attention at any point during their incarceration if they believe they have skin infections.

Public Health staff recently concluded an investigation of an alleged case of transmission of MRSA from a Sheriff's deputy to the deputy's child. Based on a laboratory analysis, the isolate from the child cannot be linked to isolates from jail inmates.

The Public Health-Jail MRSA Task Force met on May 12 to review jail's staff's progress in implementing Public Health's control recommendations. Public Health staff continue to work with jail staff by recommending control measures and developing educational materials for inmates and employees. Public Health has assigned an epidemiologist, a physician epidemiologist, a health educator, and an operations staff person, all on a part-time basis, to this investigation.

### **MRSA in the Community**

Between May 5 and November 7, 2003, MRSA in children hospitalized in Los Angeles County will be reportable to Public Health. This reporting requirement will allow us to ascertain transmission patterns and risk factors for MRSA in the community in a timely manner. These data may be useful in developing prevention and control strategies. Letters describing the reporting requirement were sent to infection control nurses in all hospitals in Los Angeles County. In addition, the forthcoming issue of *The Public's Health*, a newsletter which is sent to all physicians in Los Angeles County, will include an article on community-associated MRSA and the temporary reporting requirement.

Public Health staff have recently updated a fact sheet on community-associated MRSA for health care providers which is posted on Public Health's Acute Communicable Disease Control unit's web page. Guidelines for controlling MRSA for non-health care facilities are being finalized and will be posted on the same web page. These guidelines are directed at gyms, bath houses, clubs, athletic teams, youth hostels, homeless shelters, and other places where significant skin-on-skin and skin contact with shared equipment occur. Attached is the update provided to the Board on May 13, 2003.

### **MRSA in MSM**

We are continuing to investigate MRSA skin infections in men who have sex with men (MSM). To determine risk factors for infection, Public Health staff have interviewed more than 90 men, including case-patients and controls. Further interviews are required to provide meaningful results. Public Health has maintained surveillance through laboratory data in selected clinics that serve MSM. Control and prevention measures include improving education and awareness among health care providers and patients.

### **Syphilis in MSM**

Previously, this report has included updates on syphilis in men who have sex with men. Since we have already been providing the Board with periodic reports on syphilis in MSM, we will utilize that report for the syphilis updates. We will also let you know if the MRSA in MSM study yields any results implicating sexual behaviors which also transmit STDs.

If you have any questions or need more information, please let either of us know.

TLG:JEF:bp  
304:003

### **Attachment**

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

**DHS Remarks on Methicillin-resistant *Staphylococcus aureus* (MRSA) in the County Jails**  
**before the Los Angeles County Board of Supervisors**

by Jonathan E. Fielding, M.D., M.P.H. Director of Public Health and Health Officer

*May 13, 2003*

The Los Angeles County Department of Health Services was notified in June 2002 of an increase in MRSA wound infections in inmates by staff at the Los Angeles County Jail. This is an update following the Department's April 21, 2003 report.

There were 133 infections in the Jail in March 2003 (updating the tentative number 125 provided in our last report). The preliminary number of new cases or MRSA infection is 105 for the month of April. However, in the short-term the number of infections is not a good marker of the progress of controlling MRSA in the Jail. Given the complexity of the outbreak, we do not expect the number of infections to immediately decrease as interventions and policies for the control of MRSA are being implemented by the Jail. Proper adherence to the recommendations that Public Health has given the Jail may temporarily increase the number of reported MRSA infections. For example, the increase in March may have been due to increased surveillance since Public Health staff gave grand rounds to Jail medical staff at the beginning of March encouraging increased culturing of wound infections.

New control policies include inmates being identified with skin infections upon admittance to the Jail and being encouraged to seek medical care when they have a skin infection. This will also increase the number of reported MRSA wound infections but may not reflect increased transmission of MRSA in the Jail.

In the short-term, it is more important to focus on the complete and faithful implementation of the control recommendations that Public Health gave the Jail in August than on the number of reported cases each month. Focusing on the number of new infections each month may provide disincentive to identifying and treating cases of MRSA and that will severely impede control efforts.

Public Health is currently investigating a reported case of MRSA transmission from a Sheriff's deputy to their child. There was a delay in receiving the isolate in the Public Health Laboratory to see if the genotype of the isolate matches that seen in the Jail. However, the genotype seen in the Jail has also been seen in other communities in Los Angeles and across the nation. Results are expected by the end of the week.

The Joint Public Health-Jail MRSA Task Force met on Monday, May 12<sup>th</sup> to review the progress of implementing the control recommendations. Public Health continues to assist the Jail by making recommendations to control MRSA and public health staff are working with the Jail to develop appropriate education about MRSA for inmates and correctional staff.

However, Public Health has limited personnel for acute communicable disease control. We are only able to assign part-time one epidemiologist, one physician-epidemiologist, and one health educator to this outbreak but at the expense of other high-priority disease control activities. These individuals also have responsibility for identifying and controlling other outbreaks. The limited time of Public Health staff at the Jail does not permit us to give first hand information on the degree to which our recommendations have led to effective control activities in the different jails. However it is clear to me, from a recent visit to the Jail, that there is a high level of awareness about MRSA and that much work has been done, but there are still many barriers to achieving control of this disease in the Jail.

### MRSA in the Community

From May 5-November 7 2003, MRSA in hospitalized children will be reportable to the Health Department. The reporting requirement will allow for the timely ascertainment of transmission patterns and risk factors for MRSA in the community by Public Health. Data such as these may provide useful in the development of prevention and control strategies of this disease. A letter about the reporting requirement was sent to Infection Control Nurses in all hospitals in Los Angeles. In addition, the upcoming issue of the Public Health newsletter, which is sent to all physicians in Los Angeles, will include an article about community associated MRSA and the new reporting requirement.

Public Health staff has recently updated a fact sheet on community-associated MRSA for health care providers and it may be found on the Acute Communicable Disease Control program's web site. Guidelines for the control of MRSA in the environment for non-healthcare facilities are currently being finalized and will also be posted on the web site. These guidelines are directed toward gyms, bathhouses, clubs, athletic teams, youth hostels, homeless shelters, and other places where there might be substantial skin-on-skin contact or skin contact of shared equipment, linens, or facilities.